

BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
P.O. BOX 53592
OKLAHOMA CITY, OK 73152

PLAN FOR CLINICAL FELLOWSHIP
(CF PLAN)

PLEASE PRINT:

Applicant Name: _____

Employer: _____ Employer Telephone: _____

Address of Employer: _____

City: _____ State: _____ Zip Code: _____

Supervisor Name: _____

Okla. License # _____ OR ASHA# _____

Projected starting date of supervised CF: _____

Number of hours per week of paid professional experience: _____

Applicant's Signature

Supervisor's Signature

Date

Date

690:10-3-6 "This supervision must entail the personal and direct involvement of the supervisor in any and all ways that will permit the supervisor to evaluate the applicant's performance in professional clinical employment and must include direct observation. The applicant and the supervisor must list and describe the methods of supervision employed. Specific information should be given regarding the professional activity supervised, the number of supervisory contacts per month, and the length of each supervisory contact. The supervisor shall base his total evaluation on no less than thirty-six (36) supervisory visits. This fellowship must follow completion of the requirements of 690:10-3-3 and 690:10-3-6."

"Full-time" is defined as at least thirty (30) hours per week; the thirty-six (36) weeks of full-time paid fellowship must be obtained within a period of 24 consecutive months.

"Part-time" is defined as at least fifteen (15) hours per week; the seventy-two (72) weeks of part-time paid experience must be obtained within a period of 36 consecutive months.